IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of: Hiroyuki HIDAKA

Serial No: 10/538,165 Filed: June 8, 2005 Confirmation No.: 9232

For: RADIO COMMUNCIATION TERMINAL AND

CONTROL METHOD

Mail Stop Amendment Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

Dear Sir:

Art Unit:

Examiner: Marivelisse Santiago Cordero

> I hereby certify that this correspondence is being transmitted via electronic filing on

the date indicated below to: Mail Stop Amendment Commissioner for Patents

P.O. Box 1450

Alexandria, VA 22313-1450, on

October 3, 2008 Date of Deposit Mancy Nolen

Name ture

10/03/2008

S ignaturé

Transmitted herewith is an amendment in the above-identified application.

No additional fee is required.

The fee has been calculated as shown below:

	(Col. 1) CLAIMS REMAINING AFTER AMENDMENT		(Col. 2) HIGHEST NUMBER PREVIOUSLY PAID FOR		(Col. 3) PRESENT EXTRA*	LG/SM \$ ENTITY FEE		ADD'L FEE DUE	
TOTAL CLAIMS FEE	10	-20	20	**	0	LG≂\$50 SM=\$25	\$50	\$	0
INDEPENDENT CLAIMS FEE	4	-3	4	***	0	LG=\$210 SM=\$105	\$210	\$	0
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIMS LARGE ENTITY FEE = \$370 SMALL ENTITY FEE = \$185								\$	0
ADDITIONAL SIZE FEE (IF ANY) (TOTAL PAGES OF SPEC AND DRAWINGS TOGETHER) \$250 FOR EACH ADDITIONAL 50 SHEETS								\$	0
Independent Claims: 1, 3, 5, 7 TOTAL									0

If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3.

The Commissioner is hereby authorized to charge the amount of \$ 0 to cover the additional claims fee.

The Commissioner is hereby authorized to charge the amount of \$1,110.00 to cover the extension fee.

The Commissioner is hereby authorized to charge any deficiencies of fees associated with this communication or credit any overpayment to Deposit Account No. 50-1314.

Any filing fees under 37 C.F.R. § 1.16 for the presentation of extra claims \boxtimes

Any patent application processing fees under 37 C.F.R. § 1.17

Date: October 3, 2008

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Respectfully submitted.

HOGANA HARTSON L.L.P.

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Registration No. 44,228 Attorney for Applicant(s)

If the entry in Col. 1 is less than the entry in Col. 2, write "O in Col. 3.

If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.

If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space. The "Highest Number Previously Paid For" (Total or Independent) is the highest number found from the equivalent box on Col. 1 of a prior amendment or the number of claims originally filed.